

FILED AUG 24 1955

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 27276

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No. 201	
1. PLACE OF DEATH a. COUNTY <b>RANDOLPH</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>RANDOLPH</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MOBERLY</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MOBERLY</b>		2883	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>WOODLAND HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>887 N. COATS ST 0</b>			
3. NAME OF DECEASED (Type or Print) <b>EDWARD H</b>		b. (Middle)		c. (Last) <b>ALEXANDER (SR)</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 18-55</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>Col</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>NOV. 29-1880</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Chief (Ret)</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>WARSAW MO</b>		9. AGE (In years last birthday) <b>74</b>	
13a. FATHER'S NAME <b>TIP ALEXANDER</b>		13b. MOTHER'S MAIDEN NAME <b>MOLLIE</b>		14. NAME OF HUSBAND OR WIFE <b>GERTRUDE</b>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>EDWARD ALEXANDER (JR)</b> ADDRESS <b>887 Coats</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Probable Atelectasis, Left Lung</b> ANTECEDENT CAUSES <b>aspiration</b> DUE TO (b) <b>aspiration</b> DUE TO (c) <b>Retroperic prostaticectomy</b> b. OTHER SIGNIFICANT CONDITIONS <b>Arteriosclerotic Heart Disease with auricular fibrillation</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <b>Aug. 11, 1955</b>		19b. MAJOR FINDINGS OF OPERATION <b>Benign Prostatic Hypertrophy 6/0X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Aug 18, 1955</b> , to <b>Aug 18, 1955</b> ; that I last saw the deceased alive on <b>Aug 18, 1955</b> , and that death occurred at <b>9:30</b> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Irvin M. Hoxworth, M.D.</b>				23b. ADDRESS <b>Woodland Hosp, Moberly</b>		23c. DATE SIGNED <b>Aug. 20, 1955</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>AUG 21-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>OAKLAND</b>		24d. LOCATION (City, town, & county) (State) <b>MOBERLY MO</b>	
DATE REC'D BY LOCAL REG. <b>8-20-55</b>		REGISTRAR'S SIGNATURE <b>Leah L. Lewis</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>R. L. Carr</b>		ADDRESS <b>moberly mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*R. J. Carr*

Licensed Embalmer No. *3190*

P. O. Address *Mohely Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.